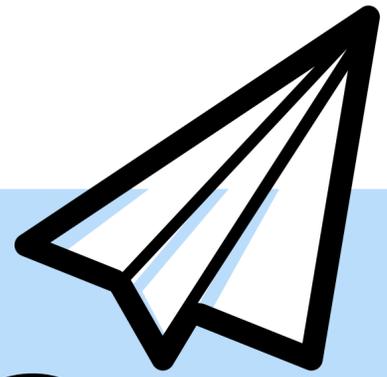


REFERRAL CHEAT SHEET

Created for interns at the Sunshine Coast University Hospital 2019
Charlotte Durand PGY3 Twitter: @char_durand



BEFORE YOU CALL

1. Sit down with the notes in front of you
2. Look at their most recent obs/bloods/imaging
3. Work out your one sentence summary of why you are calling. (consult/ admit /phone advice/take over care)
4. +/- Write down the most important points you want to convey
5. +/- Get the registrar/consultant's name from switch so you know who you're speaking to

OPENING LINE

"Hi, my name is Charlotte, I'm one of the ED residents. I'm calling to refer a patient that I think has appendicitis, is now a good time?"

If they say yes, then go ahead with the rest of your ISBAR presentation.

Try to start with the diagnosis or top differential (the boxes below come after that first piece of info).

Always make the patient the centre of your conversation and speak kindly. This goes for those taking the referral, too!

Author's Note: This list was created as a guide and should be used to supplement your clinical judgement. Thanks to all those who contributed on behalf of their specialty group. Medicine is a team sport and we do better when we work together :) This form is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. i.e. free to share but you can't sell it for \$\$

GENERAL SURGERY

- Urgency i.e. bleeding/ischaemia/ haemodynamically unstable
- Previous abdominal surgeries (when?)
- If post-op complication- location & surgeon of primary operation
- Last ate/had anything PO (inc. water)
- Last opened bowels/flatus/vomiting
- Imaging results

GENERAL MEDICINE

- Presenting complaint
- Only the relevant PMHX i.e. the system relating to the suspected diagnosis
- Treatment so far & response
- Social Hx/ function i.e ADLs
- Care limits (ARP status)

PAEDIATRICS

- Age + gender (corrected age if preterm)
- Feeding/output/hydration
- Sick or not sick (activity/breathing/colour)
- Birth history
- Immunocompetent? Immunised?
- Developmentally normal?
- Significant history i.e. congenital syndromes, metabolic dx, oncology

CARDIOLOGY

- Cardiovascular risk factors (smoking, T2DM, FHx, HTN, lipids)
- ECG changes
- Troponin
- CXR
- HR & BP
- Management so far + response i.e. GTN/diuresis/antiplatelets/anticoagulants
- Any significant PMHx/renal fxn/Hb/Bleeding risk

ORTHO/PLASTICS

- Key injuries
- Mechanism of injury
- Co-morbidities
- Skin integrity
- Sensation
- Pulses
- X-rays
- Social Hx/Premorbid function
- Fasting status

OB/GYN

- Gravida/Para status
- Gestation if pregnant / LMP
- Presenting issue
- Ultrasound results
- bHCG / Hb if bleeding
- Urine (dip/MCS)
- Speculum finding
- Fasting status (if needing operation)

INFECTIOUS DISEASES

- What antibiotic they are on & how long they have been on it
- Have they had source control? (surgery/drainage)
- Blood culture results
- Inflammatory marker trends
- Last fever
- Antibiotic allergies
- If HIV+ are they on ART? Most recent CD4 count

ACUTE PAIN SERVICE

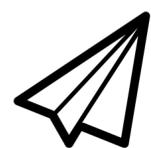
- Reason for pain
- Underlying disease + control (RA/DM)
- Acute or chronic
- What has been tried so far
- PRNs used in past 24hrs if inpatient
- What they are on in the community
- Allergies

PSYCHIATRY

- Known previous diagnoses
- Current mental state
- Current issue/acute stressors
- Risk factors (suicide, vulnerability, harm to others)
- Previous inpatient admissions

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PALLIATIVE CARE

- Brief disease summary
- Current/proposed treatment options
- Home situation
- Capacity to make medical decisions
- Important family members
- Any family conflicts
- What they have been told
- Current symptoms
- Care limits (ARP status)
- Best estimate of prognosis (days/weeks)

ENDOCRINOLOGY

- Diabetes- type 1 or type 2
- HbA1c if known
- New dx or previously known?
- Home meds + current treatment
- Are they on high dose steroids?
- Current nutrition status

ENT

- Airway status (stridor/foreign body/active bleeding/button batteries = emergency)
- If cancer pt – primary site + treatment to date, complete?
- Immunosuppression?
- Smoker?
- Anticoagulant/antiplatelet meds?

UROLOGY

- Size + location of stone
- Pain level
- Febrile?
- Urine MCS
- Renal function
- One/Two kidneys
- Previous surgeries/stones

RENAL

- Baseline eGFR & Creatinine vs current
- Volume status
- Dialysis – what type? Days per week? Last visit? Missed any?
- Urine output
- Electrolytes (K+, bicarb)
- Urine MCS

RESPIRATORY

- Current issue
- Who they are known to (consultant)
- Home O2 settings- how many hours/day
- Previous ICU/BiPAP
- Care limits (ARP status) especially if they are for/not for/trial of BiPAP

ICU

- List ICU criteria first (Pressors/dialysis/intubation)
- Timing of last “stable” assessment
- Interventions so far
- Care limits (ARP Status)
- Rest of Hx/PMHX etc

NEURO/STROKE

- Details about the incident/cardinal symptom
- Timing of symptoms, sudden vs gradual, LOC? Fall?
- Try to get witness history & document
- Neuro exam findings (GCS/deficits/cauda equina syndrome)
- Imaging results
- Anticoagulants/antiplatelets

GERIATRICS

- Age
- Suburb + living situation
- Current acute medical issues
- Functional & cognitive baseline vs current
- Care limits (ARP status)

DERMATOLOGY

- Duration of rash, location, sparing?
- All medications & recent changes – what has been tried
- Morphology of lesion
- Any systemic symptoms
- Current medical problems
- Try to get clinical photo if able to

GASTRO

- **HEPATOBIILIARY**
- Liver enzymes, INR, albumin + trend
- Child Pugh, EtOH Hx, new meds/herbals
- Hepatitis risk factors – tattoo/IVDU/travel
- Orientated? Encephalopathy=emergency
- **LUMINAL**
- GI bleeding – volume/current BP/HR/Hb
- Fasting status
- Melena/haematemesis (volumes)
- Risk factors – EtOH, NSAIDs, previous ulcers, cirrhosis- blood thinners?

HAEM/ONC

- Type of disease – stage/grade/when diagnosed?
- Known to which consultant?
- Current + past treatment (last Rx date)
- Curative or palliative intent
- ECOG status
- Previous complications of therapy
- Care limits (ARP status)